EXHIBIT "C"

SENDER: *COMPLETE THIS SECTION*	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature X S. Cabrera ☐ Agent ☐ Addressee B. Received by (*Printed Name*)	C. Date of Delivery S. CABRIGA 5-19-05
. Article Ad	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Banc One Building Corp. 1 Banc One Plaza Mail Code IL1-0505 Chicago, IL 60670-0503	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (*Extra Fee*) ☐ Yes
2. Article Number (*Transfer from service label*) Regis. Mail RA 016 123 047 US	
PS Form 3811, February 2004 Domestic Return Receipt	102595-02-M-1540